

Department of State

Pt. 62, App. D

Certification as to (1)-(6) Requirements:

I understand that false certification may subject me to criminal prosecution under 18 U.S.C. 1001, which reads: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Signed in ink by (Name) _____
Title _____
Subscribed and sworn to before me this _____ day of _____, 19____.
Notary Public _____

Department of State Use Only

Type of program: _____
Subtype if applicable: _____
No. Forms IAP-66: _____
Categories: _____

Please return form to:
Exchange Visitor Program Services-GC/V,
Department of State, Washington, DC 20547

NOTE: Public reporting burden for this collection of information (Paperwork Reduction Project: OMB No. 3116-0011) is estimated to average _____ minutes/hours per response, including time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of State Clearance Officer, M/ASP, Department of State, 301 4th Street, SW., Washington, DC 20547; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

APPENDIX C TO PART 62—UPDATE OF INFORMATION ON EXCHANGE-VISITOR PROGRAM SPONSOR

Please amend the Department of State records for Exchange-Visitor Program Number _____ assigned to _____ as follows:
(Name of institution/organization)

1. Change the name of the Program Sponsor from the above to _____

2. Change the address of the Program Sponsor From: _____

(city) (state) (zip)

To: _____

(city) (state) (zip)

3. () Change the telephone number from _____ to _____

() Change the fax number from _____ to _____

4. () Change the name of the Responsible Officer of the above program from _____ to _____

5. a. Delete the following Alternate Responsible Officer: _____

5. b. Add the following Alternate Responsible Officer: _____

(Citizenship is required for all Responsible and Alternate Responsible Officers—See Reverse)

6. () Send _____ (indicate number) IAP-66 forms. (PLEASE ALLOW FOUR TO SIX WEEKS FOR RESPONSE AND REMEMBER TO SUBMIT THE ANNUAL REPORT)

7. () Send _____ copies of this form.

8. () Send _____ copies of Codes for Educational and Cultural Exchange.

9. () Cancel the above named Exchange Visitor Program.

(Signature of Responsible or Alternate Responsible Officer) _____

(Date) _____

(Title of Signing Officer) _____

APPENDIX D TO PART 62—ANNUAL REPORT—EXCHANGE VISITOR PROGRAM SERVICES (GC/V), DEPARTMENT OF STATE, WASHINGTON, DC 20547, (202-401-7964)

Exchange Visitor Program No. _____ Reporting Period _____ Provide Range of Forms IAP-66 Documents Covered by this Report (_____-____).

(a) STATISTICAL REPORT

(1) ACTIVITY BY CATEGORY

Number

Professor _____
Research Scholar _____
Short-term Scholar _____
Trainee _____
Student (College and University) _____

	<i>Number</i>
Student (Practical Trainee)	_____
Teacher	_____
Student (Secondary)	_____
Specialists	_____
Physicians	_____
International Visitors	_____
Government Visitors	_____
Camp Counselors	_____
Total	_____

- (2) Forms IAP-66 Reconciliation
 (i) Number of Forms IAP-66 voided or otherwise not used by participant _____.
 (ii) Number of Forms IAP-66 issued for dependents _____.
 (iii) Number of Forms IAP-66 currently on hand _____.

(b) PROGRAM EVALUATION

On a separate sheet, please provide a brief narrative report on program activity, difficulties encountered and their resolution, program transfers, anticipated growth and the proposed new activity, cross-cultural activities, as well as the reciprocal component of the program.

I, The Responsible Officer of the program indicated above, certify that we have complied with the insurance requirement (22 CFR 514.14). I also certify that the information contained in this report is complete and correct to the best of my knowledge and belief.

Responsible Officer (signed) _____
 Date _____

Name and address of sponsoring institution _____

APPENDIX E TO PART 62—UNSKILLED
OCCUPATIONS

For purposes of 22 CFR 514.22(c)(1), the following are considered to be “unskilled occupations”:

- (1) Assemblers
- (2) Attendants, Parking Lot
- (3) Attendants (Service Workers such as Personal Services Attendants, Amusement and Recreation Service Attendants)
- (4) Automobile Service Station Attendants
- (5) Bartenders
- (6) Bookkeepers
- (7) Caretakers
- (8) Cashiers
- (9) Charworkers and Cleaners
- (10) Chauffeurs and Taxicab Drivers
- (11) Cleaners, Hotel and Motel
- (12) Clerks, General
- (13) Clerks, Hotel
- (14) Clerks and Checkers, Grocery Stores
- (15) Clerk Typist
- (16) Cooks, Short Order

- (17) Counter and Fountain Workers
- (18) Dining Room Attendants
- (19) Electric Truck Operators
- (20) Elevator Operators
- (21) Floorworkers
- (22) Groundskeepers
- (23) Guards
- (24) Helpers, any industry
- (25) Hotel Cleaners
- (26) Household Domestic Service Workers
- (27) Housekeepers
- (28) Janitors
- (29) Key Punch Operators
- (30) Kitchen Workers
- (31) Laborers, Common
- (32) Laborers, Farm
- (33) Laborers, Mine
- (34) Loopers and Toppers
- (35) Material Handlers
- (36) Nurses’ Aides and Orderlies
- (37) Packers, Markers, Bottlers and Related
- (38) Porters
- (39) Receptionists
- (40) Sailors and Deck Hands
- (41) Sales Clerks, General
- (42) Sewing Machine Operators and Handstitchers
- (43) Stock Room and Warehouse Workers
- (44) Streetcar and Bus Conductors
- (45) Telephone Operators
- (46) Truck Drivers and Tractor Drivers
- (47) Typist, Lesser Skilled
- (48) Ushers, Recreation and Amusement
- (49) Yard Workers

APPENDIX F TO PART 62—INFORMATION
TO BE COLLECTED ON SECONDARY
SCHOOL STUDENT HOST FAMILY AP-
PLICATIONS

Basic Family Information:

- a. Host Family Member—Full name and relationship (children and adults) either living full-time or part-time in the home or who frequently stay at the home)
 - b. Date of Birth (DOB) of all family members
 - c. Street Address
 - d. Contact information (telephone; e-mail address) of host parents
 - e. Employment—employer name, job title, and point of contact for each working resident of the home
 - f. Is the residence the site of a functioning business? (e.g., daycare, farm)
 - g. Description of each household member (e.g., level of education, profession, interests, community involvement, and relevant behavioral or other characteristics of such household members that could affect the successful integration of the exchange visitor into the household)
 - h. Has any member of your household ever been charged with any crime?
- Household Pets:
- a. Number of Pets
 - b. Type of Pets